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PTO/SB/01 (12-97)  
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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing  
OR  
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	PU-0124
First Named Inventor	R. Palmgren
<b>COMPLETE IF KNOWN</b>	
Application Number	09 / 863,786
Filing Date	23-May-2001
Group Art Unit	To be assigned
Examiner Name	To be assigned



As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Peptide Fragmentation

the specification of which (Title of the Invention)

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) 05/23/2001 as United States Application Number or PCT International

Application Number 09/863,786 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business with the Patent and Trademark Office connected therewith: ☒ Customer Number 22840 OR

☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 22840 OR ☐ Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Ronnie		Palmgren	
Inventor's Signature	<i>Ronnie Palmgren</i>		Date 2001-09-13
Residence: City	State	Country	Citizenship
		SE	SE
Post Office Address Hjalmar Söderbergsväg 16C			
Post Office Address SE-112 52 Stockholm Sweden			
City	State	ZIP	Country

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

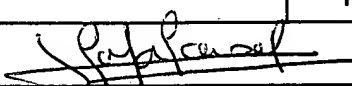
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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>1</u> of <u>2</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jean-Luc		Maloisel	
Inventor's Signature			Date
Residence: City	ENEBYBERG	State	Country
			SE
Post Office Address	Anisgränd 4		
Post Office Address	SE-182 45 Enebyberg Sweden		
City		State	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Thomas Woods		Keough	
Inventor's Signature			Date
Residence: City		State	Country
			US
Post Office Address	9896 Barnsley Court		
Post Office Address			
City	Cincinnati	State	Country
		OH	US
		ZIP	
		45242	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Robert Scott		Youngquist	
Inventor's Signature			Date
Residence: City		State	Country
			US
Post Office Address	8511 Charleston Knoll Court		
Post Office Address			
City	Mason	State	Country
		OH	US
		ZIP	
		45040	

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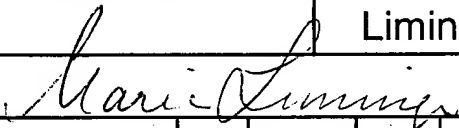
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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Maria				Liminga			
Inventor's Signature				Date	10-9-01		
Residence: City		State		Country	SE	Citizenship	SE
Post Office Address	Bjorkgatan 30						
Post Office Address	SE-751 84 Uppsala Sweden						
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Jean-Luc				Maloisel			
Inventor's Signature						Date	
Residence: City		State		Country	SE	Citizenship	FR
Post Office Address	Anisgränd 4						
Post Office Address	SE-182 45 Enebyberg Sweden						
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Thomas Woods				Keough			
Inventor's Signature	Thomas Woods Keough					Date	9/24/01
Residence: City	Cincinnati	State	OH	Country	US	Citizenship	US
Post Office Address	9896 Barnsley Court						
Post Office Address							
City	Cincinnati	State	OH	ZIP	45242	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Robert Scott				Youngquist			
Inventor's Signature	Robert Scott Youngquist					Date	9/24/01
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